

Summary: Dangerous Mentally Ill Offender Implementation Plan

As approved by Departments of Social and Health Services and Corrections

March 7, 2000

I. Identification of DMIO Participants

- ***Mental Disorder Identification:*** The Community Protection Unit within the Department of Corrections will be responsible for the initial identification of DMIO participants. They will use existing protocols in addition to using algorithm developed by the Washington Institute for Mental Illness Research and Training for MIO Transition Study, and supplemental review of MHD databases and DOC clinical staff review. The DDD database will be reviewed for DDD enrolled persons.
- ***Risk Assessment (determination of dangerousness):*** Standardized tools including LSI-R (general risk) and MSOST-R & RRASOR (sex offender risk) supplemented with a systematic review of the history of violence (criminal offenses & DOC infractions), chemical dependency and involuntary medication orders will be used to determine risk.
- ***Final selection of DMIO Participants will be the responsibility a Statewide Multi-System Review Committee:*** The committee will be co-led by a DOC and a public mental health system representative. Committee membership will include representation from DOC, DSHS (MHD, DASA & DDD), RSN, Mental Health Provider, CDHMP & Law Enforcement. DOC will provide committee staff support.

II. Service/Care Planning

- ***Statewide Multi-system Review Committee*** (see ID of DMIO Participant) will meet monthly, or as frequently as needed. The committee shall:
 - Review eligible offenders prior to the expected release date (whenever possible the review will occur twelve (12) months prior to the expected release date.)
 - Make a final determination of eligibility
 - Determine the geographic location for release
 - Make recommendations to DOC regarding possible institutional transfer to facilitate release planning
 - Identify and notify key members for the community Multi-System Care Planning (MCP) team
 - Provide necessary information/documents to the MCP team

In addition the committee will:

- Develop “best practice” guidelines by reviewing and analyzing local implementation to identify innovations, barriers and resolutions
 - Develop a mechanism for sharing “best practice” ideas across the state
 - Develop a conflict resolution process to address local concerns
 - Develop procedures for the management of confidentiality of the information distribution process
 - Develop criteria for awarding “exceptional cost” funds and implement the award decision process.
- **Service/Care Plans** will be jointly developed by DOC and a public mental health system representative for each participant.
- The Department of Corrections and the public mental health system representative will convene a team to assist in the development of the plan. The team will include representatives of DOC (including the assigned local community corrections officer), DSHS (MHD, DASA , DDD & CA as appropriate), the appropriate RSN, local mental health treatment providers, local substance abuse and developmental disabilities treatment providers as appropriate (including residential and employment service providers), local law enforcement, victim/witness and consumer advocates as appropriate, and family members of other people of significance that the offender identifies. Additionally, DCFS/CPS may join the team when children’s issues need to be addressed in the care plan, Adult Protective Services may also be included when relevant.
 - The first meeting of this team shall take place whenever possible, 9 months prior to the dangerous mentally ill offenders expected release date (ERD). The offender will participate with the team as appropriate and to the degree possible.
 - The team shall initiate and develop a community transition plan. (A formal format has been proposed). The plan will address the following: 1) The need for CDMHP evaluation prior to release; 2) Plan for pre-release engagement by community providers; 3) Plan for the transition to the community; 4) Plan for ongoing community based care.
 - The team shall meet at the frequency needed to create a comprehensive transition plan that addresses to the offender’s needs but also adequately provides community safety. The suggested

schedule is every two months prior to the expected release date as follows: 8 months prior to release (probably the 1st meeting); 6 months prior; 4 months prior; 2 months prior; 2 weeks, and one final meeting 30 days after release to the community. Meetings can either be face to face or through electronic media (telephone conferences, teleconferencing, etc.) depending on the needs of the team.

- On going coordination of supervision and services shall be the responsibility of the offenders Community Corrections Officer and the service delivery providers after the last formal team meeting.

III. Funding Process

- The Legislative appropriation provides approximately \$10,000 per person annually, for case management and other services, in addition to the capitated mental health service rate.
- An additional \$150,000 (annual) appropriation was provided to the RSN's for planning and administration. These funds are managed separately and will awarded to RSN's, upon request, for "exceptional costs" for specific DMIO participants.
- Participants are eligible for these additional services for up to 60 months.
- MHD will contract with the RSN's for these services based on a set rate formula.
 - Initial payment for the first six months of services (three months prior to community release and the first three months in the community) will be paid to the RSN, prospectively, at the time a specific plan has been developed.
 - Subsequent monthly payments will be paid on a reimbursement basis, at differential rates for Medicaid and non-Medicaid enrollees.
 - The Multi-System Care Planning Team will be responsible for development of the initial plan and will make recommendations to the RSN regarding purchasing of services.
 - The Multi-System Care Planning Team is responsible for making requests for "exceptional cost" funds.

IV. Cross System Coordination

- **Data sharing** – Reviewed cross system information needs and developed an information-sharing matrix based on the review of the sub committee.

Recommended the development of a cross system “release of information” form. (Form development is in process.)

- **Medicaid Eligibility** – The existing DSHS – DOC Interagency Agreement was reviewed to expedite Medicaid eligibility determination prior to community release. A draft to expand the agreement has been completed by DSHS/Economic Services Administration and DOC staff and refinement is under way.
- **WAC & Policy** – Reviewed current WAC’s and Policy’s and found no formal barriers to serving the DMIO population. The DASA “priority populations” may create challenges to accessing substance abuse treatment.
- **Conflict Resolution** - Considered and recommended that existing processes be used (DSHS Fair Hearing process for eligibility issues, agency policies, RSN Ombuds processes, etc.) whenever possible. Statewide Multi-system Review Committee will review local team issues.

Implementation Time Frames

- Statewide Multi-system Review Committee membership identified. DSHS-DOC Interagency Agreement (Expedited Eligibility Process) approved – March 2000
- Statewide Multi-system Review Committee meets, begins to develop Committee policies, procedures and training plan – April 2000
- Statewide Multi-system Review Committee meets, begins identification of DMIO participants, notifies local communities and begins necessary training – May 2000
- Community Based Multi-System Care Planning Team(s) meets, begins to develop specific community transition plan for specific DMIO participant(s). DSHS-DOC Interagency Agreement (Expedited Eligibility Process) is in effect – June 2000
- Community Based Multi-System Care Planning Team(s) provide oversight as treatment providers begin implementation of community transition(s), including resource development and DMIO assessment and engagement services in the DOC facility. RSN may begin billing. [Appropriated funds available] – July 2000
- Community Based Multi-System Care Planning Team(s) provide oversight as treatment providers begin implementation of community transition(s), including active services in the community – October 2000
- Statewide Multi-system Review Committee meets as necessary to identify DMIO participants, provide guidance and direction to local Community Based Multi-System Care Teams, gathers information on best practices , barriers and challenges to the

process and proposes changes to the implementation processes to maximize effectiveness and efficiency – On-going